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CENTRAL FAX CENTER

NOV 22 2005

TRANSMITTAL FORM (to be used for all correspondence after initial filing) Total Number of Pages in This Submission: 7	Application Number	10/017,640
	Filing Date	December 14, 2001
	First Named Inventor	William Matz
	Art Unit	3629
	Examiner Name	J. P. Ouellette
	Attorney Docket Number	BS01342

ENCLOSURES

(Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature	<i>Bambi Walters</i>		
Date	11/22/05		

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Name (Print/Type)	Maureen M. Pettine	Date	11/22/05
Signature	<i>Maureen M. Pettine</i>		

**RECEIVED
CENTRAL FAX CENTER****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****NOV 22 2005****In re application of:** William Matz et al.**Group Art Unit:** 3629**Application No.:** 10/017,640**Examiner:** J. P. Ouellette**Filed:** December 14, 2001**Title:** "System and Method for Identifying Desirable Subscribers"**VIA FACSIMILE 571-273-8300****Attn:** Examiner J. P. Ouellette**37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: 11/22/05 (date of transmission).

Maureen M. Pettine

Name of Person Faxing This Paper

Maureen M. Pettine

Signature

November 22, 2005

Date of Transmission

11/23/2005 TL0111 00000022 10017640

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INFORMATION DISCLOSURE STATEMENT

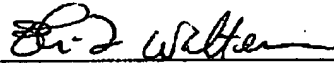
Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Form PTO 1449 (p. 1). The references cited are as follows:

6,353,929	Houston, John	03/2002
5,872,588	Aras, et al.	02/1999
5,796,952	Davis, et al.	08/1998

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, the certification fee is believed to be required (37 CFR § 1.97b(3)).

It is respectfully requested that the references listed on the attached form be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,



Bambi F. Walters
Attorney for Applicants
Registration No. 45,197
P. O. Box 5743
Williamsburg, VA 23188
Telephone: 757.253.5729

Date: 11/22/05

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number 10/017,640

Filing Date December 14, 2001

First Named Inventor William Matz

Examiner Name J. P. Ouellette

Art Unit 3629

Attorney Docket No. BS01342

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CENTRAL FAX CENTER

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TOTAL AMOUNT OF PAYMENT

\$180.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other
☐ Deposit Account

Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Charge fee(s) indicated below, except for the filing fee☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES			SEARCH FEES		EXAMINATION FEES		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>	
Utility	300	150	500	250	200	100	_____	
Design	200	100	100	50	130	65	_____	
Plant	200	100	300	150	160	80	_____	
Reissue	300	150	500	250	600	300	_____	
Provisional	200	100	0	0	0	0	_____	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims

- 20 or HP =

Extra Claims

Fee (\$)

x

Fee Paid (\$)

=

Fee (\$)

Small Entity Fee (\$)

50

25

200

100

360

180

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

HP=highest number of independent claims paid for, if greater than 3.

Indep. Claims

- 3 or HP =

Extra Claims

Fee (\$)

x

Fee Paid (\$)

=

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

Total Sheets

- 100 =

Extra Sheets

/ 50

(round up) x

Fee (\$)

=

Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Supplemental IDS

\$180.00

SUBMITTED BY:

Name (Print/Type)

Bambi F. Walters

Registration No.
(Attorney/Agent)

45,197

Complete (if applicable)

Telephone:

(757) 253-5729

Signature

Bambi F. Walters

Date

11/22/05

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2005</h2> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		Application Number		10/017,640		
		Filing Date		December 14, 2001		
		First Named Inventor		William Matz		
		Examiner Name		J. P. Ouellette		
		Art Unit		3629		
		Attorney Docket No.		BS01342		
TOTAL AMOUNT OF PAYMENT				\$180.00		
METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Deposit Account Deposit Account No. 19-2167 Deposit Account Name:						
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments						
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0
2. EXCESS CLAIM FEES						
Fee Description				Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (including Reissues)				50	25	
Each independent claim over 3 (including Reissues)				200	100	
Multiple dependent claims				360	180	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- 20 or HP =	x	=		Fee (\$)	Fee Paid (\$)	
HP=highest number of independent claims paid for, if greater than 3.						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	x	=				
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Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)			
- 100 =	/ 50	(round up) x	=	Fee Paid (\$)		
4. OTHER FEE(S)						
Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): Supplemental IDS				\$180.00		
SUBMITTED BY:			Complete (if applicable)			
Name (Print/Type)	Bambi F. Walters	Registration No. (Attorney/Agent)	45,197	Telephone:	(757) 253-5729	
Signature	<i>Bambi F. Walters</i>		Date	11/22/05		